

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1/15/04 2 Serial/Patent # 10/616,840

3. Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition	—	10/29/03	\$ 130
Issue			\$
Cert. of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 130

8 TO BE REFUNDED BY:

<input checked="" type="checkbox"/>	Treasury Check
<input type="checkbox"/>	Credit Deposit A/C #:
9	

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Allegedly omitted drug fig was present from May 7 Postcard and  
Refund pt. fee

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: E. Shirene Willis

TITLE: Pat Attny

SIGNATURE: E. Shirene Willis

PHONE: 308-6712

OFFICE: Office of Patents

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: Alice Willis

DATE: 1/20/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B